**Supervisory Organization Changes Request Form**

**Directions:** This form is used to request to create and/or change a Supervisory Organization in Workday. All areas (where applicable) of the form must be completed and submitted to your HR Coordinator or HR Partner for approval, submission, and processing. **NOTE: Refer to the *Supervisory Organization Structure Decision Tree* document for guidance in deciding when to use the Supervisory Organization Changes Request Form and HR processes to move around workers (employees) and/or PINs (positions) in Workday.**

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| **SECTION 1. Requestor:** | | | | | | | | | | | | | | | | | | | | | | |
| **1a. Name:** |  | | | | | | | | | | | | | | | | | | | | | |
| **1b. Phone:** |  | | | | | | | | | | | **1c. Email:** | |  | | | | | | | | |
| **1d. Reason for a new organization or a change to an existing organization (Please select all that apply)** | | | | | | | | | | | | | | | | | | | | | | |
| **􀀀 New Department 􀀀 New or Change Supervisor 􀀀 Organization Name Change 􀀀 Correction 􀀀 Inactivate/Delete** | | | | | | | | | | | | | | | | | | | | | | |
| **1e. Justification (Please explain the reason for the change request):** | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 2. Change Name of a Supervisory Organization**  **NOTE: Naming Convention for Supervisory Organizations Guidelines:**   * Duplicate Supervisory Organization Names must not exist * Should include the agency acronym as the primary name followed by the unit functions as secondary name (e.g., DBM – Employee Labor & Relations Division) | | | | | | | | | | | | | | | | | | | | | | |
| **2a. Current Supervisory Organization Name:** | | | | | | | |  | | | | | | | | | | | | | | |
| **2b. Current Manager Name:** | | | | |  | | | | | | | | | | | **2c. Current Manager PIN:** | | |  | | | |
| **2d. Effective Date:** | | |  | | | | | | | | | | | | | | | | | | | |
| **2e. New Supervisory Organization Name:** | | | | | | |  | | | | | | | | | | | | | | | |
| **SECTION 3. Move one or More PINs to an existing Manager (i.e., a person already supervising PINs or employees) or a New Supervisory Organization NOTE: Are these PINs being moved to a New Manager (i.e., an employee that will now supervise other PINs/employees)? If yes, skip to Section 4.** | | | | | | | | | | | | | | | | | | | | | | |
| **3a. Effective Date:** | | | | | |  | | | | | **3b. PIN(s) to move:** | | | |  | | | | | | | |
| **3c. Employee(s) to Move To:** | | | | | | | | | |  | | | | | | | | | | | | |
| **3d. Is Current PIN(s) (employee) a Manager? Answer (Yes/No):** | | | | | | | | | | | |  | | | | | | | | | | |
| **3e. Sup Org Moving FROM:** | | | |  | | | | | | | | | | **3f. Current Manager:** | | | |  | | | | |
| **3g. Sup Org Moving TO:** | |  | | | | | | | | | | | | **3h. New Manager:** | | | |  | | | | |
| **SECTION 4. Create and Move one or More PINs to a NEW Supervisory Organization and Manager** | | | | | | | | | | | | | | | | | | | | | | |
| **4a. Effective Date:** | | | |  | | | | | | | | | **4b. PIN(s) to move:** | | | |  | | | | | |
| **4c. Employee(s) to Move To:** | | | |  | | | | | | | | | **4d. Is Current PIN(s) (employee) a Manager? Answer (Yes/No):** | | | |  | | | | | |
| **4e. Sup Org Moving FROM:** | | | |  | | | | | | | | | **4f. Current Manager:** | | | |  | | | | | |
| **4g. Name of NEW Sup Org to create:** | | | |  | | | | | | | | | **4h. Name of NEW Manager of Sup Org to create:** | | | |  | | | | | |
| **4i. Superior Supervisory Organization Name:**  **NOTE:** A Superior Supervisory Organization is the one in which your manager belongs to or that the PINs being moved will report to. | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 5. Inactivate/Delete a Supervisory Organization (all employees and vacant PINs should have been removed from the Supervisory Organization and there shouldn’t be any subordinate Sup Orgs reporting to it)** | | | | | | | | | | | | | | | | | | | | | | |
| **5a. Supervisory Organization to be Inactivated/Deleted:** | | | | | | | |  | | | | | | | | | | | | | | |
| **5b. Effective Date:** | | |  | | | | | | | | | | | | | | | | | | | |
| **APPROVALS** | | | | | | | | | | | | | | | | | | | | | | |
| **Appointing Authority Signature:** | | | | | | | | |  | | | | | | | | | | | **Date:** |  | |
| **Agency Budget and Finance Partner Signature:** | | | | | | | | |  | | | | | | | | | | | **Date:** |  | |
| **Cc: DBM, Office of Budget Analysis**  **DBM, OPSB, CAS** | | | | | | | | | | | | | | | | | | | | | |